

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100

TDD (916) 322-1700

Telephone (916) 322-3350

www.rn.ca.gov

Ruth Ann Terry, MPH, RN

Executive Officer

**APPLICATION FEE SCHEDULE for ENDORSEMENT**

Submit the correct **TOTAL FEE** with your application, made payable to the **Board of Registered Nursing** by check or money order (U.S. currency). **The fee IS NOT refundable since it is an earned fee** for evaluation of your application and processing of the fingerprint cards. The portion of the fee for processing the fingerprint cards or Live Scan process is subject to change without notice by the California Department of Justice.

**PLEASE NOTE:** There are **two (2) methods available** for completing the fingerprint requirement: (1) Live Scan or (2) Fingerprint Card (Hard Card) process. The fees payable to the Board depend on which fingerprint process you select. (Fingerprint instructions are enclosed.)

**Method 1****“LIVE SCAN” APPLICATION PROCESS****Application for Licensure by ENDORSEMENT ONLY**

Application ..... \$ 50.00

**TOTAL FEE payable to: BOARD OF REGISTERED NURSING: \$ 50.00****Application for Licensure by ENDORSEMENT and TEMPORARY LICENSE**

Application ..... \$ 50.00

Request for Temporary License ..... \$ 30.00

**TOTAL FEE payable to: BOARD OF REGISTERED NURSING: \$ 80.00**

**NOTE:** Applicants are required to pay the fingerprint processing and live scan fees at the live scan site in addition to the application fee payable to the Board of Registered Nursing.

**OR****Method 2****“FINGERPRINT CARD (Hard Card)” APPLICATION PROCESS****Application for Licensure by ENDORSEMENT ONLY**

Application ..... \$ 50.00

Two Fingerprint Cards ..... \$ 56.00

**TOTAL FEE payable to: BOARD OF REGISTERED NURSING: \$106.00****Application for Licensure by ENDORSEMENT and TEMPORARY LICENSE**

Application ..... \$ 50.00

Two Fingerprint Cards ..... \$ 56.00

Request for Temporary License..... \$ 30.00

**TOTAL FEE payable to: BOARD OF REGISTERED NURSING: \$136.00**

## **Endorsement Application Requirements Checklist**

Applicants must provide the following:

- ☐ Appropriate **Fees**.
- ☐ Completed **Application for Licensure by Endorsement**.
- ☐ Completed fingerprints using either the **Live Scan Process** or the **Applicant Fingerprint Card (Hard Card)** processing method as directed in the INSTRUCTIONS FOR SUBMITTING FINGERPRINT CARDS. Submit the appropriate nonrefundable TOTAL FEE as directed on the attached Application Fee Schedule.
- ☐ One recent 2" x 2" passport-type **photograph**.
- ☐ Completed **confirmation card** to confirm receipt of application by the Board.  
(OPTION NOT AVAILABLE FOR APPLICATIONS OBTAINED VIA THE BOARD WEB SITE.)
- ☐ Completed **Verification of License** form OR **Nursys License Verification Request Form** if your board of nursing participates in **Nursys**. International graduates must submit license verification from the board of nursing where the examination was taken. (See detailed instructions.)
- ☐ **Request For Transcript** form(s) completed and forwarded directly from the nursing school(s) with certified transcripts.
- ☐ **If applicable, documents and/or letters explaining prior convictions or disciplinary action and attesting to your rehabilitation as directed in Section II of the General Information and Instructions.**
- ☐ **For International Graduates:**

Send **Breakdown of Educational Program for International Nursing Programs** form to your school with the **Request for Transcript** form. Also, provide the **Certified English Translation** form to your certified translator if your transcript is not in English. (See Supplemental Application Instructions for International Graduates.)

### **Board Address & Web Site**

**Mailing** Address: Board of Registered Nursing  
P.O. Box 944210  
Sacramento, CA 94244-2100

**Street** Address for overnight or in-person delivery:  
Board of Registered Nursing  
400 R Street, Suite 4030  
Sacramento, CA 95814-6239

**Web Site:** **[www.rn.ca.gov](http://www.rn.ca.gov)**

The Nursing Practice Act (NPA) is available on the Board's web site.

Many licensing questions are answered on the web site. Due to the heavy volume of telephone calls to the Board, we encourage use of the web site to avoid busy signals or long waits.

# CALIFORNIA BOARD OF REGISTERED NURSING APPLICATION FOR LICENSURE AS A REGISTERED NURSE

## General Information and Instructions

### By Endorsement

#### I. **INTRODUCTION**

To qualify for endorsement into California as a registered nurse, you must hold a current and active license in another state or Canada, have completed an educational program meeting all California requirements, **and** have passed the national licensure examination or acceptable five-part Canadian examination. The Canadian Comprehensive Examination is not acceptable. *If you do not possess these qualifications, you must apply for licensure by examination.* Please contact the Board of Registered Nursing at (916) 322-3350 to request an application for examination or download the application from the Board's web site at [www.rn.ca.gov](http://www.rn.ca.gov).

*Note: If you are seeking licensure in California as a Licensed Vocational Nurse, please contact the Board of Vocational Nursing and Psychiatric Technicians at (916) 263-7800. You may also visit their web site at [www.bvnpt.ca.gov](http://www.bvnpt.ca.gov).*

It is advisable for endorsement applicants to apply for a Temporary License in order to be able to begin working while awaiting fingerprint results and permanent licensure. Please allow four to six weeks for processing a Temporary License.

#### **PLEASE NOTE THE FOLLOWING IMPORTANT ISSUES:**

- Processing times may vary, depending on when the Board receives documents from schools, agencies, and other states or countries. The time to process an application indicating a prior conviction(s) may take longer than other applications. Delays may also occur with the fingerprint processing by the Department of Justice (DOJ) and/or the Federal Bureau of Investigation (FBI).
- If you change your name and/or address after submitting an application for licensure, you must notify the Board immediately in order to receive current information. Applicants are required to submit legal documentation of a name change to the Board. Examples of acceptable forms of legal documentation are birth certificate, marriage certificate, divorce decree and/or court documents. A copy of a driver's license, social security card or passport is not acceptable.
- Pending application files are not public record, therefore an applicant must sign and submit a release of information before the Board will release information to the public (employers, relatives, or other third parties).
- Once you are licensed, your address of record must be disclosed to the public upon request, under California law.
- Applicant fees are earned; therefore, fees are not refundable even if an applicant is found ineligible.

## II. **REPORTING PRIOR CONVICTIONS OR DISCIPLINE AGAINST LICENSES**

Applicants are required under law to report all misdemeanor and felony convictions. "Driving under the influence" convictions must be reported. Convictions must be reported even if they have been expunged under Penal Code 1203.4 or even if a court ordered diversion program has been completed under the Penal Code or under Article 5 of the Vehicle Code. Also, all disciplinary action against an applicant's registered nurse, practical nurse, vocational nurse or other professional license must be reported.

**Failure to report prior convictions or disciplinary action is considered falsification of application and is grounds for denial of licensure or revocation of license.**

When reporting prior convictions or disciplinary action, **applicants are required to provide a full written explanation of:** circumstances surrounding the arrest(s), conviction(s), and/or disciplinary action(s); the date of incident(s), conviction(s) or disciplinary action(s); specific violation(s) (cite section of law if convicted), court location or jurisdiction, sanctions or penalties imposed and completion dates. **Certified** copies of court documents or state board determinations/decisions should also be included.

Note: A certified copy of the arrest report may also be requested. Applicants must also submit a description of the rehabilitative changes in their life, which would enable them to avoid future occurrences.

To make a determination in these cases, the Board considers the nature and severity of the offense, additional subsequent acts, recency of acts or crimes, compliance with court sanctions, and evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation. Examples of rehabilitation evidence include, but are not be limited to:

- Recent, dated letter from applicant describing rehabilitative efforts or changes in life to prevent future problems.
- Letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
- Proof of community work, schooling, self-improvement efforts.
- Court-issued certificate of rehabilitation or evidence of expungement, proof of compliance with criminal probation or parole, and orders of the court.

All of the above items should be mailed **directly** to the Board by the individual(s) or agency who is providing information about the applicant. Have these items sent to the Board of Registered Nursing, Licensing Unit, P.O. Box 944210, Sacramento, CA 94244-2100.

**It is the responsibility of the applicant to provide sufficient rehabilitation evidence on a timely basis so that a licensing determination can be made.**

An applicant is also required to immediately report, in writing, to the Board any conviction(s) or disciplinary action(s) which occur between the date the application was filed and the date that a California registered nursing license is issued. Failure to report this information is grounds for denial of licensure or revocation of license.

NOTE: The application must be completed and signed by the applicant under the penalty of perjury.

### III. INSTRUCTIONS FOR SUBMITTING FINGERPRINT CARDS OR LIVE SCAN PROCESS

All applicants for licensure by endorsement are required to complete and submit two (2) sets of fingerprints. All requests from the Board of Registered Nursing for background checks of applicants must be submitted to the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) either by Live Scan or on Applicant Fingerprint Cards (Hard Card). The Applicant Fingerprint Cards (Hard Card) or Request for Live Scan Service Applicant Submission form (BCII 8016) must be submitted in the same name as shown on your application for endorsement.

There are two (2) methods available for completing the fingerprint requirement:

#### **Method 1 -- Live Scan Process**

For applicants residing in or near California, the Board of Registered Nursing recommends you use Live Scan to submit your fingerprints in order to shorten the time for your fingerprint process. Applicants must complete and submit the Request for Live Scan Service Applicant Submission form (BCII 8016) at a Live Scan site. Simply complete the attached triplicate form for Live Scan service or download 3 copies from our web page, complete the sections marked with a red X, and take it to a Live Scan site along with your fee for processing.

##### Processing Fee for Live Scan Service:

The fee for the Live Scan service varies, so please contact the Live Scan site directly to obtain the correct information. To see a listing of the California Department of Justice (DOJ) applicant Live Scan agency locations, fees and hours of operation, go to [www.ag.ca.gov/fingerprints/publications/contact.pdf](http://www.ag.ca.gov/fingerprints/publications/contact.pdf).

When using the Live Scan process, the fingerprint processing fee must be paid at the Live Scan site when you provide your live scan fingerprints. Do not send your fingerprint processing fee to the Board. Please be aware that these processing fees are in addition to the "rolling" fee charged by the Live Scan operator.

Once your fingerprints have been scanned and you have completed the sections marked with a red X, the Live Scan operator will complete this triplicate form or the downloaded copies and return the second and third copies to you. **The second copy of this form must be submitted to the Board with your application as proof of complying with the Fingerprint requirement in order for the Board to process your application.** You may retain the third copy for your records.

Using Live Scan can speed your licensure because the Board receives fingerprint results from this new technology much quicker than through the manual fingerprint card process. On average, Live Scan results take 1-2 weeks, while manual fingerprint cards can take 1-2 months. (Processing times at DOJ and FBI vary.)

#### **Method 2 -- Applicant Fingerprint Cards (Hard Card)**

Applicants must complete all items which are marked by a black "X" on two fingerprint cards. To facilitate prompt and accurate processing of the fingerprint cards by the DOJ and FBI, type or print legibly in BLACK INK all requested information on each card. If any color other than black is used, the card will be rejected and another card will have to be completed and submitted.

Use the abbreviations listed below for the physical description items:

- **Height (HGT)** - Express in feet and inches. Do not use fractions of an inch; round off to the nearest inch. DO NOT USE THE METRIC SYSTEM. Correct example: 5' 9".
- **Weight (WGT)** - Express in pounds. Do not use fractions of a pound; round off to the nearest pound. DO NOT USE THE METRIC SYSTEM. Correct example: 139 lbs.
- **Color of EYES** -

Black	<b>BLK</b>	Gray	<b>GRY</b>
Blue	<b>BLU</b>	Green	<b>GRN</b>
Brown	<b>BRN</b>	Hazel	<b>HZL</b>

### III. INSTRUCTIONS FOR SUBMITTING FINGERPRINT CARDS OR LIVE SCAN PROCESS - (continued)

• <u>Color of HAIR</u> -	Bald	<b>BAL</b>	Gray	<b>GRY</b>
	Black	<b>BLK</b>	Red/ Auburn	<b>RED</b>
	Blonde	<b>BLN</b>	Sandy	<b>SDY</b>
	Brown	<b>BRN</b>	White	<b>WHI</b>

Each applicant MUST have his/her fingerprints imprinted only in BLACK INK on each fingerprint card. Fingerprints should be taken at a local law enforcement agency. There may be a fee for this service. We advise that you should call first as to a convenient time.

**DO NOT FOLD FINGERPRINT CARDS.** Use a 9" X 12" envelope to return your completed application and fingerprint cards with fees. Write "DO NOT FOLD" on the envelope. If your cards are folded, you will need to complete and submit a new fingerprint card(s). THIS WILL CAUSE A DELAY IN DETERMINING YOUR ELIGIBILITY FOR LICENSURE.

#### Fingerprint Processing Fee for Applicant Fingerprint Cards (Hard Card):

The fingerprint processing fee is in addition to the application fee. This fee is not refundable and is subject to change by the DOJ and FBI without notice.

The appropriate fingerprint processing fee is payable to the Board of Registered Nursing by check or money order in U.S. currency. The application fee and fingerprint fee may be combined and submitted to the Board with one check or money order in U.S. currency. (See Licensure by Endorsement fee schedule.)

There must be a clearance of the fingerprinting requirement before a permanent registered nurse license will be issued to endorsement applicants.

### IV. COMPLETING THE CONFIRMATION CARD

The Board will acknowledge receipt of an application if the applicant completes and affixes the proper postage to the CONFIRMATION CARD. This card is being provided as an optional service.

### V. SOCIAL SECURITY NUMBER

**Disclosure of your social security number is mandatory.** Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination where licensure is reciprocal with the requesting state. **If you fail to list your social security number, your application for initial or renewal license will not be processed.** You will also be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. Questions regarding the Franchise Tax Board should be directed to (800) 852-5711.

## VI. **GENERAL INFORMATION ON LICENSURE BY ENDORSEMENT**

Endorsement is the licensure method for registered nurses who have previously been licensed in another state in the United States and for some Canadian registered nurse licensees. To qualify for licensure by endorsement, you must meet **all** of the following requirements:

1. Completion of the nursing program in an accredited school of professional nursing which meets **all** of California's educational requirements. If you are deficient in any requirement, you **must** make up the deficiency prior to becoming licensed.
2. Passage of the National Council Licensure Examination (NCLEX) or the State Board Test Pool Examination (SBTPE) for Registered Nurses in the United States, or the five-part licensing examination in Canada. **The Canadian Comprehensive Examination is not acceptable.** An English comprehension examination is required if you did not take the Canadian examination in English. Passage of the Test of English as a Foreign Language (TOEFL) is acceptable for English competency. TOEFL is located at Box 6151, Princeton, NJ 08541-6151; phone number (609) 771-7100. You may also visit their web site at [www.toefl.org](http://www.toefl.org).

International graduates who have not passed one of the acceptable licensing examinations are not eligible for licensure by endorsement and should contact the Board at (916) 322-3350 to request an application for licensure by examination or download the application from the Board's web site at [www.rn.ca.gov](http://www.rn.ca.gov).

3. Possession of a current and active license from another state in the United States or from Canada. (If you do not have a current license in the other state, it must be updated prior to California licensure.)

## VII. **VERIFICATION OF LICENSE**

There are two (2) methods available for obtaining license verification:

### **Method 1 – Verification of License form**

The state board from which you are submitting proof of clear, current and active RN licensure must complete the enclosed **Verification of License** form. Be sure to include the processing fee that is required by that state.

**OR**

### **Method 2 – Nursys License Verification Request Form**

If you are licensed as an RN in a state that is a member of the **Nursys** verification system, use the enclosed **Nursys License Verification Request Form**. To determine if your board of nursing participates in **Nursys**, please contact your board or visit the NCSBN web site at [www.ncsbn.org](http://www.ncsbn.org). The **Nursys License Verification Request Form** also lists those states participating in **Nursys**.

**For International Graduates:** In addition to obtaining license verification from the state where you hold a current and active license, you must also obtain verification of passage of the appropriate licensing examination from the board of nursing where you took the examination (NCLEX-RN, SBTPE, or five-part licensing examination in Canada).

**No telephone verifications will be made.** Official license verification must be received in writing from the other state board before a temporary or permanent license can be issued by this board.

## VIII. **REQUEST FOR TRANSCRIPT**

Mail the **Request for Transcript** form to your nursing school(s) with the fee required by the school. **The official transcripts must include all completed coursework and reflect the degree awarded and date conferred.** Transcripts **are not accepted** from applicants or if stamped "issued to student." Transcripts are required from **all colleges** you attended that reflect courses required for a degree in nursing, including general education course requirements and all nursing courses.

## IX. **TEMPORARY LICENSE**

The Board may issue a Temporary License to practice nursing for a period of six months, allowing an applicant to work pending issuance of a permanent license. Since fingerprint results and school transcripts can often take some time to reach the Board for evaluation, the Board strongly recommends applying for a Temporary License to allow you to begin to work pending permanent licensure.

To qualify for a Temporary License, the endorsement applicant must submit:

- *Appropriate **Fees**.*
- **Application for Licensure by Endorsement.**
- Two completed **Fingerprint Cards (Hard Card)** or **second copy of the Live Scan Service Applicant Submission form (BCII 8016).**
- **Verification Of License** form from the other state(s) or Canada which must be received by the Board as proof of a clear, active, and current RN license or a **Nursys License Verification Request Form** if you are licensed in a state that is a member of the **Nursys** verification system.

The issuance of a Temporary License is normally completed within four to six weeks, but may be delayed if the application indicates a prior conviction(s).

If you have not received notification of permanent licensure approximately four weeks prior to the expiration of your Temporary License, contact the Board at (916) 322-3350 for instructions on how to apply for a second Temporary License.

## X. **ADVANCED PRACTITIONERS/PUBLIC HEALTH NURSES**

In order to use the title or hold yourself out as a nurse practitioner, psychiatric/mental health nurse, nurse midwife, nurse anesthetist, clinical nurse specialist or public health nurse, California law requires registered nurses to be certified by the Board. If you wish to practice in one of these areas, please request the applicable additional application for certification.



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Ruth Ann Terry, MPH, RN  
Executive Officer

**APPLICATION FOR LICENSURE BY ENDORSEMENT****READ ALL DETAILED INSTRUCTIONS**

For Office Use Only

1. To be eligible for endorsement, you must have passed the NCLEX-RN, SBTPE or acceptable Five-part Canadian examination. (See detailed instructions.)
2. Submit the APPROPRIATE FEE. (See attached fee schedule.)  
Please submit a check or money order in U.S. CURRENCY only. DO NOT SEND CASH.
3. Attach a recent 2" x 2" passport type photograph where indicated on the back of this application.
4. Submit two (2) completed fingerprint cards or Live Scan Service Applicant Submission form.
5. Submit a Verification of License form or Nursys License Verification Request Form to your board of nursing of current licensure. (See detailed instructions.)
6. International Graduates: A Verification of License form or Nursys License Verification Request Form must also be submitted to the board of nursing where the examination was taken.
7. Submit a Request for Transcript form to your school of nursing.

FP Cards Recd: 0 1 2	Live Scan: _____	By _____
FP Fee Recd: Y N		By _____
Transcript(s) Recd: _____	Approved _____	By _____
Verification Recd: _____	Approved _____	By _____
Nursys: _____	Approved _____	By _____
Photo Recd: _____	Approved _____	By _____
School Code: CA: _____		By _____

**PRINT OR TYPE**

<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>MIDDLE NAME:</b>	
<b>ADDRESS: Number and Street</b>					<b>DATE OF BIRTH: (Month/Day/Year)</b>
<b>City</b>	<b>State</b>	<b>Country</b>	<b>Postal/Zip Code</b>	<b>SOCIAL SECURITY NUMBER:**</b>	
<b>TELEPHONE NUMBER:</b> Home ( ) Alternate ( )		<b>PREVIOUS NAMES: (Including Maiden)</b>		<b>MOTHER'S MAIDEN NAME: (Last Name Only)</b>	
<b>E-MAIL ADDRESS:</b>			<b>PRIMARY LANGUAGE:</b>		
<b>COLOR OF EYES:</b>	<b>HEIGHT:</b> FT: IN:	<b>YEAR GRADUATED HIGH SCHOOL OR PASSED GED:</b>		<b>ORIGINAL STATE OF RN LICENSURE:</b> State: Year Issued:	

**PROFESSIONAL EDUCATION**

<b>NAME AND ADDRESS OF PROFESSIONAL REGISTERED NURSING SCHOOL:</b>		<b>CURRENT LICENSE TO PRACTICE REGISTERED NURSING:</b>	
Name of Nursing School		State or Country: _____	
Number and Street		License Number: _____	
City State Country Postal/Zip Code		Expiration Date: _____	
<b>TYPE OF PROGRAM:</b>		<b>NAME OF STATE IN U.S. OR COUNTRY WHERE YOU WERE LICENSED BY EXAMINATION:</b>	
<input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> DIPLOMA <input type="checkbox"/> BACCALAUREATE DEGREE <input type="checkbox"/> MASTERS DEGREE/NURSING		LIST ALL STATES WHERE YOU HAVE EVER HELD AN RN LICENSE: _____ _____ _____	
Entrance Date _____ Graduation Date _____			

**\*\* SOCIAL SECURITY NUMBER DISCLOSURE STATEMENT**

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA (c)(2)(C)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

(Rev 11/03)

NAME OF APPLICANT: \_\_\_\_\_

Have you ever been issued a license as an RN In California? If yes, <b>STOP</b> . Do not continue. Please contact the Board regarding the renewal or reinstatement of your California RN license.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever taken the RN licensing examination while applying for licensure in California? If yes, Year _____ Full name at time of application: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever applied for a license as an RN in California? If yes, Year _____ Full name at time of application: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been denied RN or any other health-care related licensure in any state/territory? If yes, State/Territory _____ Month _____ Year _____ Type of License _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been licensed as an LVN or any health-care related license/certificate in California? If yes, Month _____ Year _____ License Type _____ License # _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever had disciplinary proceedings against any license as a RN or any health-care related license including revocation, suspension, probation, voluntary surrender, or any other proceeding in any state or country? If yes, please provide a detailed written explanation, including the date and state where the discipline occurred.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of <b>any</b> offense other than minor traffic violations? If yes, explain fully as described in the applicant instructions. Convictions must be reported even if they have been expunged under Penal Code Section 1203.4 or if a diversion program has been completed under the Penal Code or Article 5 of the Vehicle Code. Traffic violations involving driving under the influence, injury to persons or providing false information must be reported. The definition of conviction includes convictions of following a plea of nolo contendere (no contest), as well as pleas or verdicts of guilty. <u>YOU MUST INCLUDE MISDEMEANOR AS WELL AS FELONY CONVICTIONS.</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO

**REQUEST FOR TEMPORARY LICENSE**

☐ **Check here if requesting a Temporary License.**

*If checked, an additional Temporary License fee is required. (See the attached fee schedule.)*

Applicants may apply for a Temporary License to practice professional nursing for a period of six months, allowing an applicant to work pending issuance of a permanent license.

I understand that I am required to report immediately to the California Board of Registered Nursing if I am convicted of **ANY** offense that occurs between the date of this application and the date that a California registered nurse license is issued. I am also required to report to the California Board of Registered Nursing any disciplinary action and/or voluntary surrender against **ANY** health-care related license/certificate that occurs between the date of this application and the date that a California registered nurse license is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

**I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for licensure is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.**

Attach a recent 2"x2"  
passport type photograph.

Please tape on all four sides.

Head and shoulders only

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

**BOARD OF REGISTERED NURSING**

P.O BOX 944210, SACRAMENTO, CA 94244-2100

TDD (916) 322-1700

TELEPHONE (916) 322-3350

www.rn.ca.gov

**VERIFICATION OF LICENSE**

1. Send this form to the State Board of Nursing where you have a current and active license. The board of nursing may require a processing fee. If you are licensed in a state that is a member of the Nursys verification system, use the enclosed Nursys License Verification Request Form. (The form lists states participating in Nursys.)
2. **INTERNATIONAL GRADUATES:** Send form to the state of current license. If you took the examination in a different state, make a copy of this form and send the form to that state also.

<b>PART I: To be completed by APPLICANT and forwarded to appropriate licensing boards.</b>					
Name: (Last, First, Middle)				Previous Names: (Including Maiden)	
Current Street Address of Record:		City:		State:	Zip Code:
Name as it Appeared on Original License: (Last, First, Middle)		Date of Birth: (Month/Day/Year)		Social Security Number:	
State of Current Licensure:	Issue Date of Current License:		Current License Number:		
State of Original Licensure:	Issue Date of Original License:		Original License Number:		
I hereby authorize all identified Boards of Nursing to release my licensure data to the California Board of Registered Nursing.					
Signature: _____				Date: _____	
<b>PART II: To be completed by licensing board and sent to the California Board of Registered Nursing listed at the top of this form.</b>					
This is to certify that this applicant was issued a license number to practice as a registered nurse:					
Applicant Name: _____			Date Issued: _____		
License Number: _____			Expiration Date: _____		
Licensed by: <input type="checkbox"/> Endorsement <input type="checkbox"/> Examination <input type="checkbox"/> Waiver Current Licensure Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed					
Has license ever been REVOKED, SUSPENDED, placed on PROBATION, or DISCIPLINED in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach certified documents.					
Reinstated? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Reinstated: _____					
Is there any PENDING disciplinary action or pending investigation against this licensee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach information.					
Name of Professional Nursing Program:		Approved by State? <input type="checkbox"/> Yes <input type="checkbox"/> No		Graduated from: <input type="checkbox"/> High School <input type="checkbox"/> H.S. Equivalency <input type="checkbox"/> 10th Grade	
Location: (City, State/Country)		Graduation Date:		Type of Nursing Program <input type="checkbox"/> ADN <input type="checkbox"/> DIP <input type="checkbox"/> BSN <input type="checkbox"/> MSN <input type="checkbox"/> Other	
Examination Passed: <input type="checkbox"/> NCLEX-RN <input type="checkbox"/> SBTPE <input type="checkbox"/> Canadian Five-Part					
Scores: SBTPE/Canadian NCLEX-RN _____ Medical _____ Surgical _____ Obstetric _____ Pediatric _____ Psychiatric _____					Taken in English? <input type="checkbox"/> Yes <input type="checkbox"/> No Series or Exam Date: _____

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Board of Nursing: \_\_\_\_\_ Date: \_\_\_\_\_

[BOARD SEAL]

**BOARD OF REGISTERED NURSING**

P O Box 944210, Sacramento, CA 94244-2100

TDD (916) 322-1700

Telephone (916) 322-3350

www.rn.ca.gov



Ruth Ann Terry, MPH, RN  
Executive Officer

**REQUEST FOR TRANSCRIPT**

TO APPLICANT: Send this form to your basic school(s) of nursing. If you need to contact more than one school, this form may be reproduced. Transcripts are required from each school where nursing requirements or general education courses were completed. Transcripts must include all completed coursework, clinical practice of training and reflect the degree awarded. Your school may require a processing fee.

**A. TO BE COMPLETED BY APPLICANT**

<b>LAST NAME:</b>		<b>FIRST NAME:</b>		<b>MIDDLE NAME:</b>	
<b>ADDRESS: Number and Street</b>				<b>DATE OF BIRTH: (Month/Day/Year)</b>	
<b>City</b>	<b>State</b>	<b>Country</b>	<b>Postal/Zip Code</b>	<b>SOCIAL SECURITY NUMBER:</b>	
<b>PREVIOUS NAMES: (Including Maiden)</b>					
<b>NAME OF PROFESSIONAL REGISTERED NURSING SCHOOL:</b>				<b>YEARS ATTENDED:</b>	
<b>LOCATION: City</b>	<b>State</b>	<b>Country</b>	<b>Postal/Zip Code</b>	<b>YEAR GRADUATED:</b>	

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**B. TO BE COMPLETED BY THE OFFICE OF THE SCHOOL OFFICIAL RELEASING TRANSCRIPTS**

The above applicant has applied for a license to practice as a registered nursing in California. Please provide the following information and attach a complete official transcript. Please mail to the Board of Registered Nursing at the above address.

**DO NOT SIGN OR SUBMIT THIS FORM PRIOR TO COMPLETION DATE OF THE REGISTERED NURSING PROGRAM.**

<b>ENTRANCE DATE:</b>	<b>DATE DIPLOMA/ DEGREE AWARDED:</b>	<b>DATE NURSING REQUIREMENTS COMPLETED:</b>
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If degree received prior to entering nursing program, list name of school and type of degree:

<b>NAME OF SCHOOL:</b>	<b>TYPE OF DEGREE:</b>
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**SIGNATURE OF SCHOOL OFFICIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**NOTE: ALL INTERNATIONAL NURSING PROGRAMS:** Please include Breakdown of Educational Program for International Nursing Programs form. Transcripts received from the school in a foreign language will require an English translation by a certified translator or translation service. **The original foreign language transcript and the English translation of the transcript must both be sent to the Board of Registered Nursing.**

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**TO: ALL APPLICANTS EDUCATED OUTSIDE THE UNITED STATES**

**FROM: CALIFORNIA BOARD OF REGISTERED NURSING**

**SUBJECT: SUPPLEMENTAL APPLICATION INSTRUCTIONS**

Applicants who have graduated from schools outside the United States may face unique problems as they attempt to complete their application for California licensure. This document is intended to provide suggestions and information to assist with those special problems.

**Application Submission**

The Board strongly recommends that you try to ensure that your application, school transcript(s), and all other required documents reach the Board as soon as possible to prevent delays in issuing an interim permit, temporary or permanent license. In some instances, delays and difficulties may be encountered when requesting documentation for those who have graduated from an international nursing program.

In many cases, the Board must obtain additional information from the school in order to clarify course content and/or curriculum requirements. We may also request clarification for the amount of theory and clinical training completed. Also, additional information is required if the applicant is the first graduate from their school of nursing to apply for California licensure. The schools curriculum, catalogs and/or other documents may be requested to evaluate the programs content (these items are in addition to the individuals nursing transcripts.)

Obtaining additional information from the school may take from one to six months, depending on the responsiveness of the school and allowing for mail time. All requirements must be met in order for an interim permit or permanent license to be issued.

**Requesting Transcripts**

When submitting the "Request for Transcript" form to your school of nursing, please include the "Breakdown of Educational Program for International Nursing Programs" form. Both forms do not take the place of a complete, official transcript. The transcripts should include all completed coursework (both theoretical and clinical practice). All training documents must come directly from the school of nursing. Training documents from applicants are not acceptable.

**Commission of Graduates of Foreign Nursing Schools (CGFNS)**

The Board does not require applicants to pass the Commission on Graduates of Foreign Nursing Schools (CGFNS) examination in order to be licensed in California. Although, if you have been evaluated by CGFNS, the Board will accept official copies of your nursing transcripts (including the clinical portion of your training) from this organization. Requests must be made in writing, and the appropriate CGFNS fee must be included for this service.

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## Translation of International Academic Credentials

For the Board to fairly evaluate compliance with California requirements, any applicant with non-English, non-U.S. academic credentials must provide both 1) original, certified transcripts and 2) certified translations of those original transcripts and academic documents. **Original language transcripts must be forwarded directly from the school of nursing and sent directly to the Board (photocopies are not accepted).** When requesting official transcripts and academic documents, an applicant whose education was completed at an institution in a bilingual country where English is one of the official languages, may be able to avoid the necessity of arranging for a translation by asking the school to generate an English language version of the transcript. Please note that in this instance, the original language transcript must accompany the English translation and be forwarded directly to the Board.

Applicants must have their transcripts translated by an independent, professional translator who is not related to the applicant. Each translator must provide an original declaration with each translation attesting to his/her fluency in the particular language and certifying under penalty of perjury that the translation is complete and accurate to the best of the translator's ability and knowledge. (See attached form.) The Board refers applicants with non-English academic credentials to one of the following sources for translation:

- 1. Translator accredited by the American Translators Association (ATA):** The ATA accredits individual translators by examination. Although accreditation is available only to individuals, ATA membership includes not only individuals but also companies that employ accredited translators. An accredited translator must sign the translation and declaration in the presence of a Notary Public, unless the translation is a service provided by a known translation agency which affixes the document with its own official seal. ATA membership includes accredited translators residing in the US, Canada, Mexico, and overseas. Although the ATA does not make referrals, a listing of accredited translators and member companies is available through its web site at [www.atanet.org](http://www.atanet.org). The ATA may be reached by phone at 703-683-6100 or by e-mail at [ata@net.org](mailto:ata@net.org).
- 2. Certified or registered court interpreter:** Some state court systems offer examinations for certification or registration of court interpreters. In California, the Judicial Council is charged with these functions. Information on court interpreters is available through the Judicial Council at 415-865-7530. General information is available via its web site, [www.courtinfo.ca.gov](http://www.courtinfo.ca.gov). The Judicial Council has contracted with Cooperative Personnel Services (CPS) for examination and certification of Certified Administrative Hearing and Medical Interpreters. A master list of these interpreters is available at the CPS web site, [www.cps.ca.gov](http://www.cps.ca.gov), or telephone at 916-263-3600. The court interpreter must sign the translation and declaration in the presence of a Notary Public. Applicants residing outside California but within the United States may call the National Center for State Courts at 757-259-1517 for information on certification and registration of interpreters in other states.

Applicants who present documents in a language for which accredited translators or certified/registered court interpreters are not readily available may require special assistance. The usual next step is to inquire at the nearest consulate representing the nation in which the documents originated.

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**CERTIFIED ENGLISH TRANSLATION***Name of Applicant:*

<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE NAME:</b>
<b>PREVIOUS NAMES: (Including Maiden)</b>		<b>DATE OF BIRTH: (Month/Day/Year)</b>

**TO BE COMPLETED BY TRANSLATOR**

I, \_\_\_\_\_, solemnly declare, under penalty of perjury, that to the best of my knowledge and belief the English-language translation of the \_\_\_\_\_ language documents named below are true, accurate and complete.

Please list translated documents below: (*i.e. transcripts, license, diploma, curriculum, etc.*)

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These documents have been translated by: \_\_\_\_\_  
(Print name)

Please list translator's qualifications, certifications and accreditations below:

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*I certify, under penalty of perjury under the laws of the State of California, that all above information provided is true, correct and complete and that this declaration is executed at*

\_\_\_\_\_ *this date* \_\_\_\_\_  
(City/State or Country)

Name and Address of Translation Agency: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Web Site: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Translator**

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**BREAKDOWN OF EDUCATIONAL PROGRAM FOR INTERNATIONAL NURSING PROGRAMS****PRINT OR TYPE**

<b>STUDENT'S LAST NAME:</b>		<b>FIRST NAME:</b>	<b>MIDDLE NAME:</b>
<b>DATE OF BIRTH:</b> <i>(Month/Day/Year)</i>	<b>PREVIOUS NAMES:</b> <i>(Including Maiden)</i>	<b>HIGH SCHOOL GRADUATION:</b> <i>(Year)</i>	

<b>NAME AND LOCATION OF PROFESSIONAL REGISTERED NURSING SCHOOL:</b>	
<b>ENTRANCE DATE:</b>	<b>GRADUATION DATE:</b>

All of the information requested on this form must be submitted including complete official transcript(s) along with the course description(s)\*\* stated below. Failure to submit all requested documents will result in application processing delays.

	<b>COURSE NUMBER <u>or</u> TITLE</b>	<b>TOTAL NUMBER OF THEORY HOURS OF INSTRUCTION</b>	<b>TOTAL NUMBER OF LAB/CLINICAL PRACTICE HOURS OF INSTRUCTION</b>
ANATOMY & PHYSIOLOGY	_____	_____	_____
MICROBIOLOGY	_____	_____	_____
MEDICAL NURSING **	_____	_____	_____
SURGICAL NURSING **	_____	_____	_____
OBSTETRIC NURSING	_____	_____	_____
PEDIATRIC NURSING	_____	_____	_____
PSYCHIATRIC NURSING	_____	_____	_____

**\*\* Send course description(s) attached to this form showing evidence of geriatric content in these nursing areas. Failure to submit course description(s) will result in delays in processing the application.**

**SIGNATURE OF SCHOOL OFFICIAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

(SCHOOL OR HOSPITAL SEAL/STAMP)